

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000001970**

1. Corporation Name

DALE E. MILLER, M.D., P.A.

Principal Place of Business

875 STENTHAUS AVE
ORMOND BEACH FL 32174
US

Mailing Address

10 TIDEWATER DRIVE
ORMOND BEACH FL 32174

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

53 Spring Meadows Drive

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1994

5. FEI Number

59-3215124

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT **00**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MILLER, DALE E MD	10 TIDEWATER DRIVE	ORMOND BEACH FL 32174

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-11/01/00--01045--015

******750.00 ****750.00**

[Handwritten signature]

8. Name and Address of Current Registered Agent

MILLER, DALE E MD
10 TIDEWATER DRIVE
ORMOND BEACH FL 32174

9. Name and Address of New Registered Agent

Name

Miller, Dale E MD

Street Address (P.O. Box Number is Not Acceptable)

53 Spring Meadows Drive

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Handwritten signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/16/00**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Handwritten signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE E. MILLER MD
Date **10/16/00** Daytime Phone # **676-9059**